

Annual Enrollment Worksheet

STEP 1 THE BASICS – Health Plan Features

Compare the major benefits of the health plans by reviewing the Benefit Decision Guide's Benefits-at-a-Glance charts, Health Plan Location pages and Plan Description pages.

Plan Name								
Telephone number and web site								
Plan Type (Indemnity/PLUS/PPO/HMO)								
	YES	NO	YES	NO	YES	NO	YES	NO
Is the Plan available in your area?								
Are you eligible to join?								
Call your doctor's office or the Plan to ask whether your doctor (or a doctor(s) you wish to see) participates in the Plan and is accepting new patients.								

STEP 2 HMO QUALITY

Compare plan quality (only reported for HMOs) – See GIC's web site www.mass.gov/gic, or attend a health fair for a copy of the HMO Report Card.

How did the plan rate in "quality"?				
How did the plan rate in "satisfaction"?				

STEP 3 COSTS

Compare your monthly cost – See the Benefit Decision Guide's rate pages.

Monthly Premium Cost	\$	\$	\$	\$
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STEP 4 OTHER CONSIDERATIONS

Attend a health fair and contact the plans for more information.

If you are out-of-state for more than 90 days, will the health plan cover you?							
Are the providers convenient?							
Do you or your family have special medical needs?							
What changes are you planning in the upcoming year; e.g., retirement, transfer, move, etc.?							

STEP 5 YOUR DECISION

Health Plan Selected

If you want to change your health plan, complete the necessary forms and return by **MAY 10, 2002**. Write to the GIC; if applicable, send HMO and PPO enrollment forms directly to the Plan.

**Changes become effective
JULY 1, 2002**